The American College of Radiology (ACR) Phantom and Performance Evaluation for CT Accreditation

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Presentation Overview

- ACR Accreditation Program and Phantom
- Accreditation Requirements
 - Table I and SMPTE Pattern
 - Alignment
 - Module 1
 - Module 2
 - Module 3
 - Module 4
- CTDI Data Requirements
 - CTDI Data sheet

ACR CT Accreditation

- Started in 2002
- Performance evaluation based on the MTFs current clinical protocols
- Requirements
 - Approximately 20 images (Film page)
 - CT parameter table (Table 1)
 - Data sheets (Data taken from each module)
 - 3 Excel Worksheets (CTDI data)

Film Page:

Box 1 – SMPTE	Box 2	Box 3	
Box 4	Box 5	Box 6	
Box 7	Box 8	Box 9	
Box 10	Box 11	Box 12	

ACR CT Accreditation Phantom Gammex-RMI Model 464

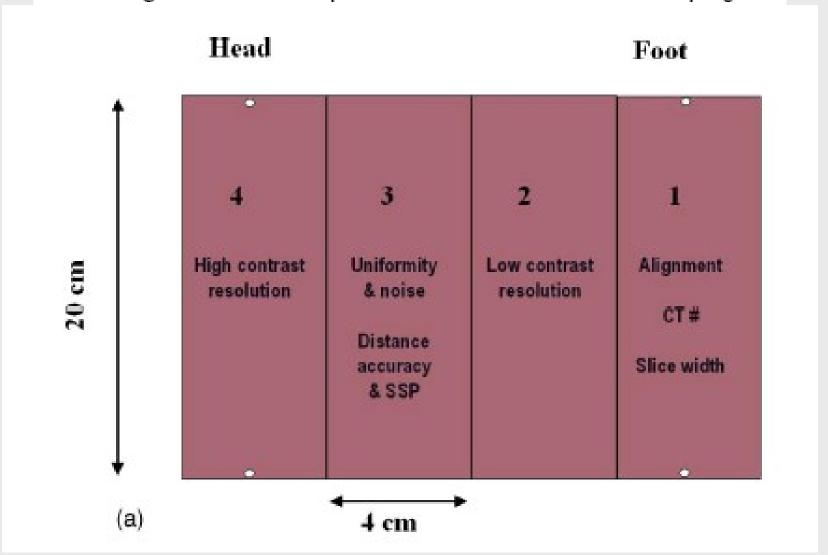
- Constructed primarily of a water equivalent material
- Solid phantom containing 4 modules
 - 4 cm wide x 20 cm diameter
 - External alignment markings (centering phantom)
 - Head, Foot, and Top markings
 - Optional phantom support base

ACR CT Accreditation Phantom

- Designed to examine a broad range of image quality parameters
 - Position accuracy
 - CT # accuracy
 - Slice width
 - Low contrast resolution
 - High contrast (spatial) resolution
 - CT # uniformity
 - Image noise

ACR CT Accreditation Phantom

McCollough et al.: Phantom portion of the ACR CT accreditation program



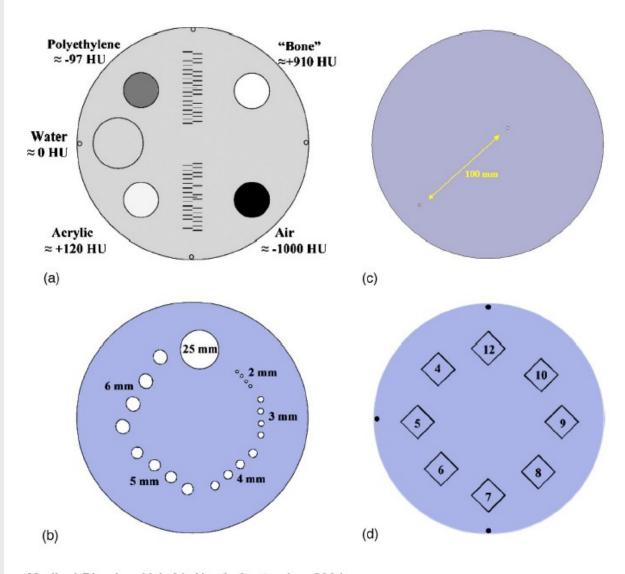
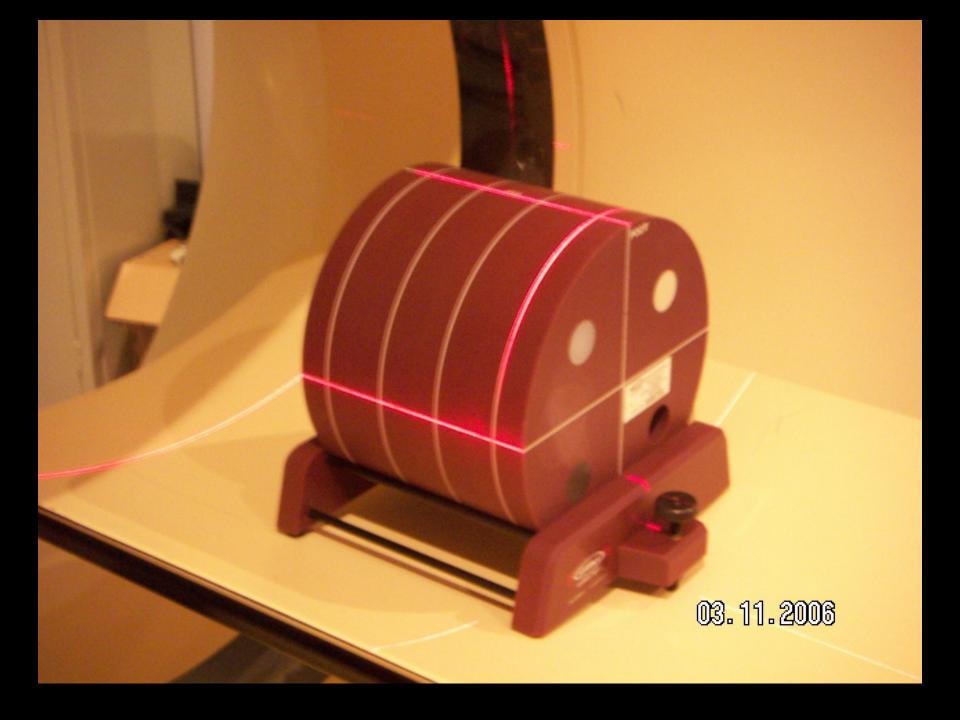


Fig. 13. (a) Cross-sectional diagram of module 1, which contains four cylindrical rods to assess the CT number of different materials, four BBs to confirm accurate positioning, and two inclined ramps consisting of discrete wires that are spaced in 0.5 mm increments along the z axis. (b) Crosssectional diagram of the low-contrast resolution test objects contained in module 2. Each cylinder is comprised of the material having a nominal CT number difference from the background material equal to 6 HU. (c) Cross-sectional diagram used to assess image uniformity in module 3. The two 0.28 mm beads are used for optional assessment of distance accuracy or section-sensitivity profile. (d) Cross-sectional diagram of the high contrast (spatial) resolution test objects contained in module 4. The numerical values shown correspond to the spatial frequency of the respective bar pattern, in lp/cm.

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ACR CT Accreditation Requirements

Table I

- Critical element of submission process that is representative of sites routine clinical scans
- Consistent with image data
- Protocols
 - Head
 - HRC
 - Adult Abdomen
 - Pediatric Abdomen (If applicable)

TABLE I. Typical image acquisition technical parameters.

	Adult head (cerebrum portion)	High resolution chest	Adult abdomen	Pediatric abdomen (5 y.o.)
kVp	120	140	120	120
mA	170	120	240	110
Time per rotation (s)	2	0.8	0.8	0.8
Scan FOV (cm or name)a	Head (25 cm)	Large (50 cm)	Large (50 cm)	Large (50 cm)
Display FOV (cm) ^a	25	38	38	30
Reconstruction algorithm	Std	Bone	Std	Std
Axial (A) or helical (H)	A	A	H	H
Z-axis collimation (T, in mm)b	2.5	1.25	3.75	2.5
No. of data channels used (N)	4	1	4	4
A: Table increment (mm) or	10	10	11.25	15
H: Table speed (mm/rot) (I) ^b				
Pitch ^c			0.75 (HQ)	1.5 (HS)
Reconstructed scan width (mm)	5	1.25	5	5
Reconstructed scan interval (mm)	5	10	5	5
Dose reduction technique(s)d			mA modulation	mA modulation

[&]quot;FOV=field of view

2425

Common Table I errors

bz-axis collimation (T)=the width of the tomographic section along the z-axis imaged by one data channel. In multidetector row (multislice) CT scanners, several detector elements may be grouped together to form one data channel.

Number of data channels (N)=the number of tomographic sections imaged in a single axial scan.

Maximum number of data channels (N_{max})=the maximum number of tomographic sections for a single axial scan.

Increment (I)= the table increment per axial scan or the table increment per rotation of the x-ray tube in a helical scan.

[&]quot;Applied to helical scanning. Compute pitch according to the IEC definition: Pitch=table speed (mm/rotation)/N·T (mm)=I/N·T. For some scanners, this computed value might differ from the value given by the manufacturer.

^dIf selectable, list selection, otherwise leave blank. Example: mA modulation based on patient attenuation.

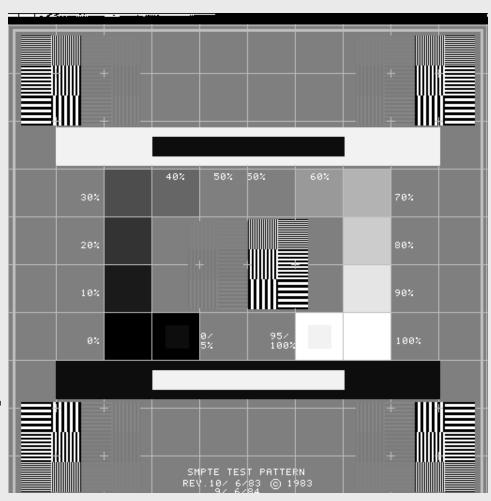
SMPTE Test Pattern

- SMPTE test pattern (required)
 - Demonstrates the quality of submitted hard copy films
- Failure to submit SMPTE results in automatic failure

• Alternate patterns are accepted, but not recommended

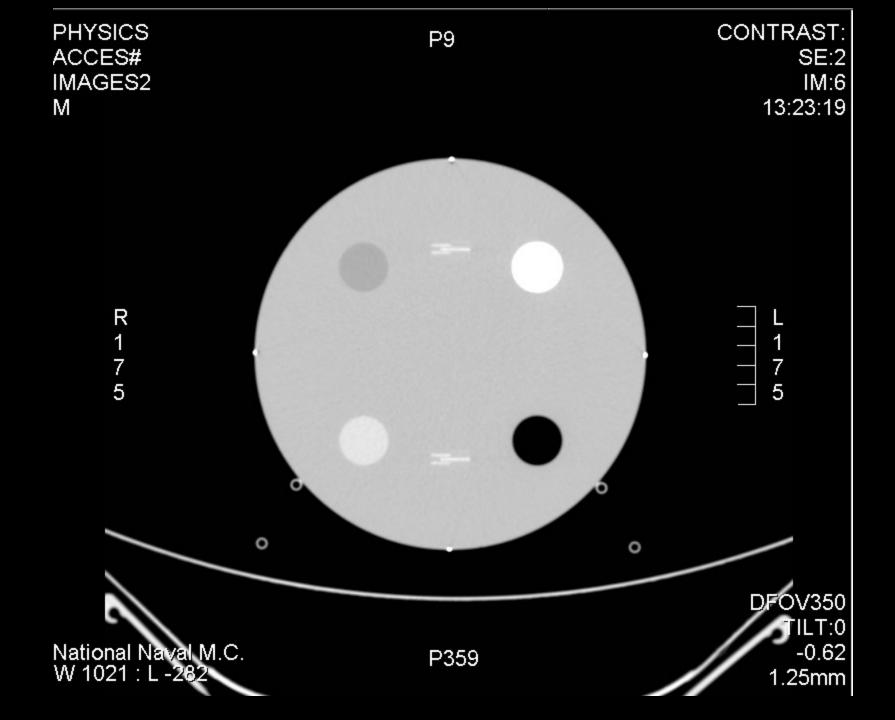
Essential Criteria

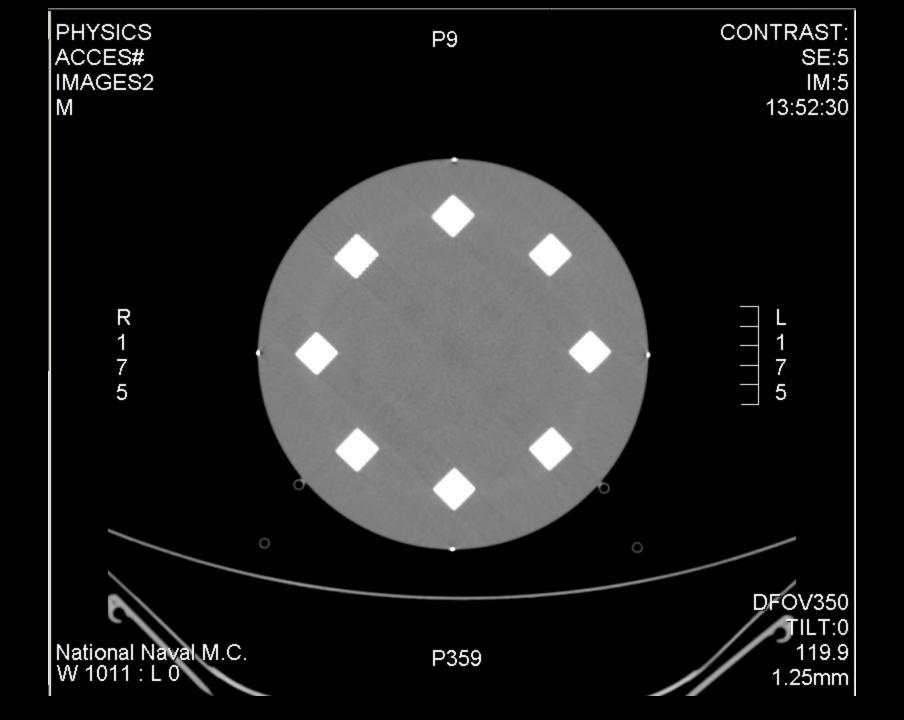
- First box of each film sheet
- 95% visible
- 5% visible
- Whites and blacks must not be saturated
- No aliasing of bar patterns



Alignment

- Modules 1 and 4
- HRC protocol (< 2 mm scan width)
 - Scan phantom at S0 and S120
 - Scan 1mm superior and inferior to each mark
 - WW = 1000 and WL = 0
- Proper alignment
 - 4 BB's seen in one image with similar appearance in both module 1 and 4
 - The longest wire centrally located (+/- 1 wire) on both top and bottom ramps
 - Must pass alignment test to proceed





CT Number Calibration

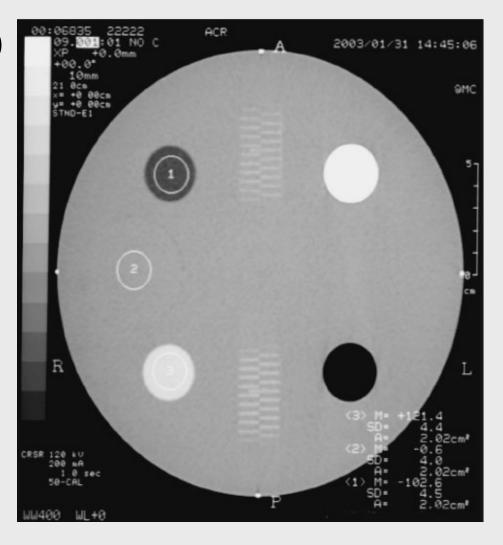
- Initial alignment at Module 1(foot)
 - S0 or 0 position
- Embedded test objects in Module 1
 - Low density polyethylene (LDPE)
 - Acrylic
 - Bone equivalent
 - Air
 - Solid Water

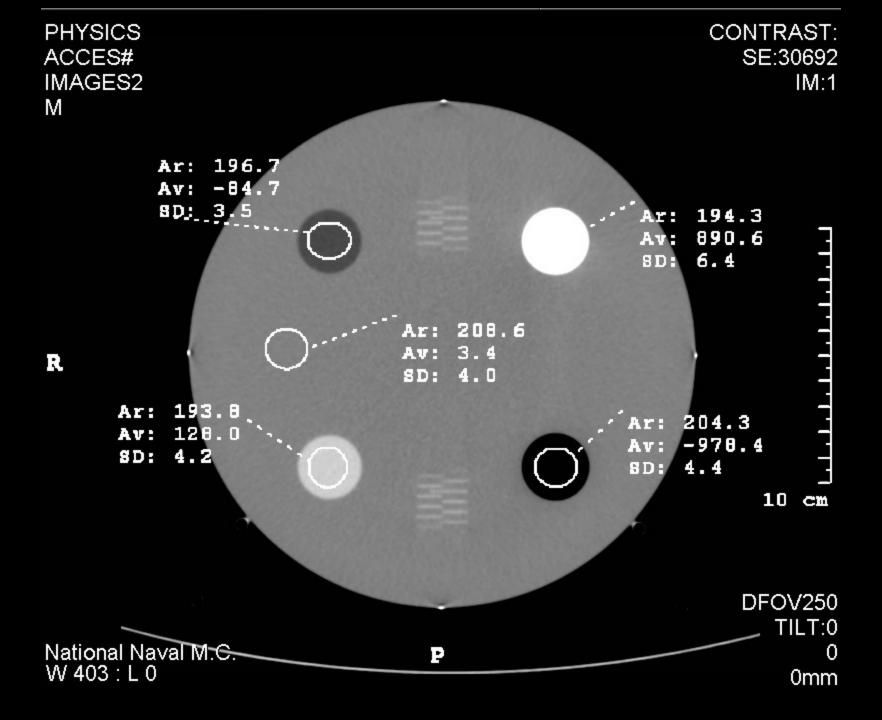
CT Number Calibration

- Scan ACR phantom at S0
 - Adult abdomen protocol
 - Scan in Axial mode
 - Multislice scanners
 - Center scan so that one image is centered at S0
- DFOV 21 25 cm
- Circular ROIs ≈ 200 mm² over each peg

CT Number Calibration

- WW = 400, WL = 0
- Polyethylene
 - -107 to -87 HU
- Water
 - -7 to +7 HU (+/-5 HU)
- Acrylic
 - +110 to +130 HU
- Bone
 - +850 to +970 HU
- Air
 - -1005 to -970



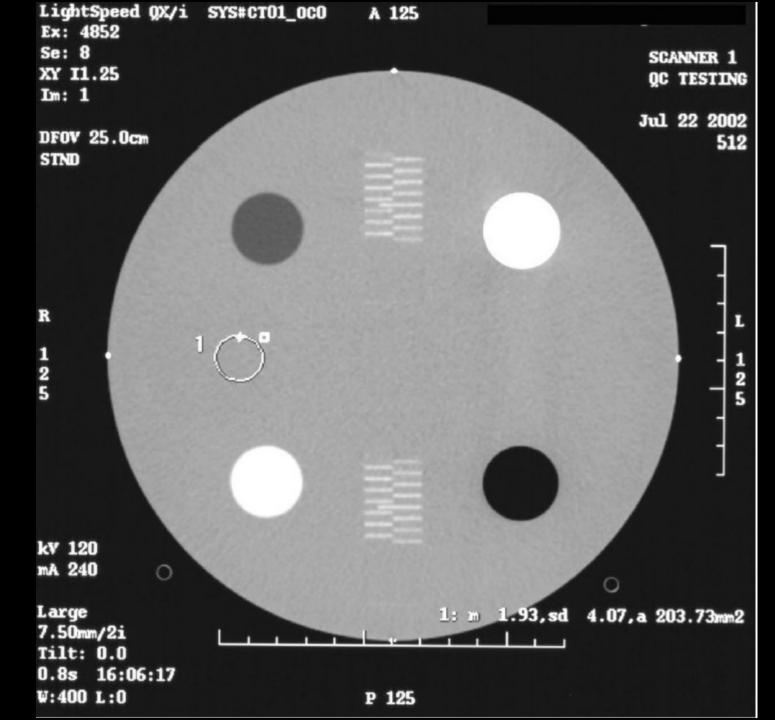


Slice Thickness

- Adult abdomen protocol (axial scan)
 - HRC slice thickness and ~3 mm, 5 mm, and 7 mm slice thickness at same window and level settings as before
- Mean CT of water (-7 to +7 HU)
- Verify slice thickness by counting pins
 - Count pins that appear to be 50% as bright as center pin and divide by 2
 - 0.5 mm apart
- Slice thickness must be within 1.5 mm of prescribed thickness

Water vs. kVp

- Adult abdomen scan (axial)
- Repeat previous scan at all kVp settings.
- Mean CT number of water should stay within the previous stated range (-7 to +7 HU)



• Module 2

Adult abdomen protocol

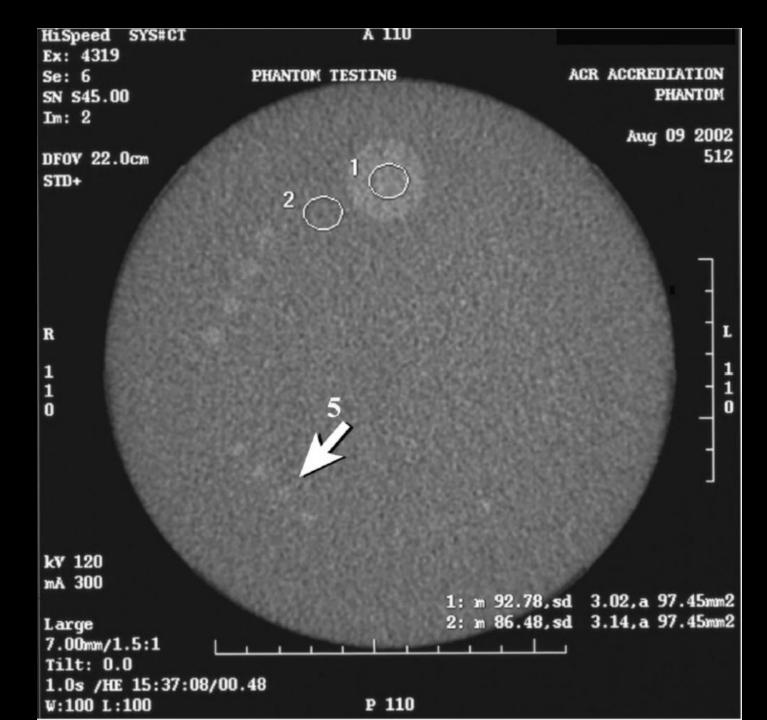
• DFOV 21- 25 cm

- Axial Acquisition
 - Acquire 3 axial images at the following positions
 - S40 or 40 mm Superior
 - S80 or 80 mm Superior
 - S120 or 120 mm Superior

- Helical Acquisition
 - Start scan at S40
 - End scan at S120
 - Choose a 5 mm scan reconstruction interval to ensure that one image is reconstructed at the center of modules 2, 3, and 4
 - Module 3 and 4 images will be analyzed in later section

- View image located at Module 2 center
 - -WW = 100 WL = 100
- Determine smallest diameter of cylinder set in which <u>ALL FOUR</u> are clearly delineated
 - 2, 3, 4, 5, and 6 mm
- 6 mm cylinder set must be visualized

- 100 mm² ROI
 - Inside 25 mm cylinder
 - Just outside the 25 mm cylinder
- Calculate CT number difference
 - ≈ 6 HU difference
- Repeat module 2 (low contrast) evaluation using the routine head protocol



Uniformity, Noise, and In Plane Distance

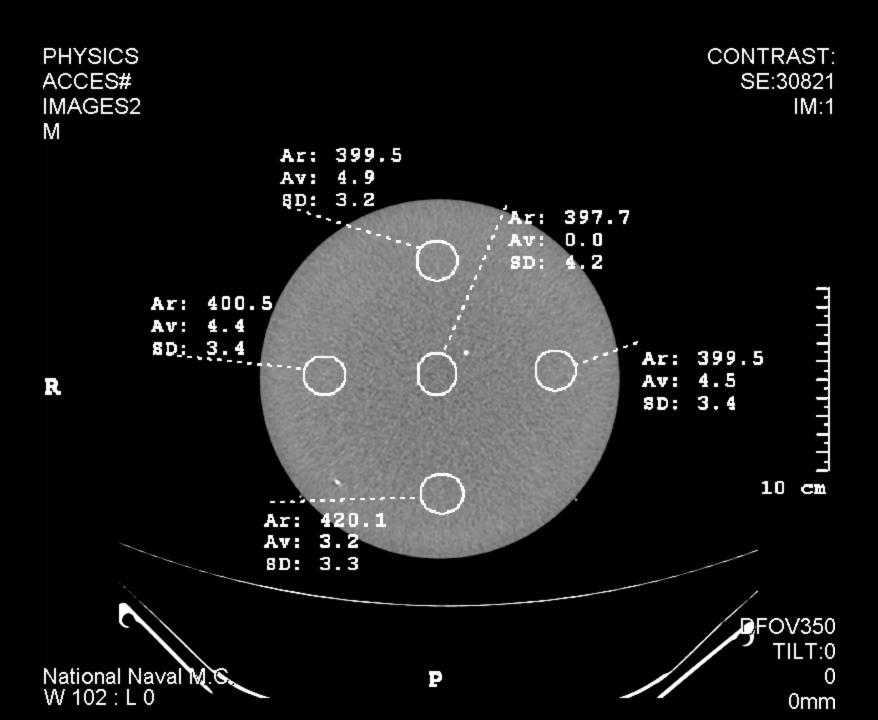
- Module 3
- View previously acquired Adult abdomen images
- WW = 100 WL = 0
- 400 mm² ROIs at center and four edge positions (12, 3, 6, and 9 o'clock)
 - One ROI diameter from the edge

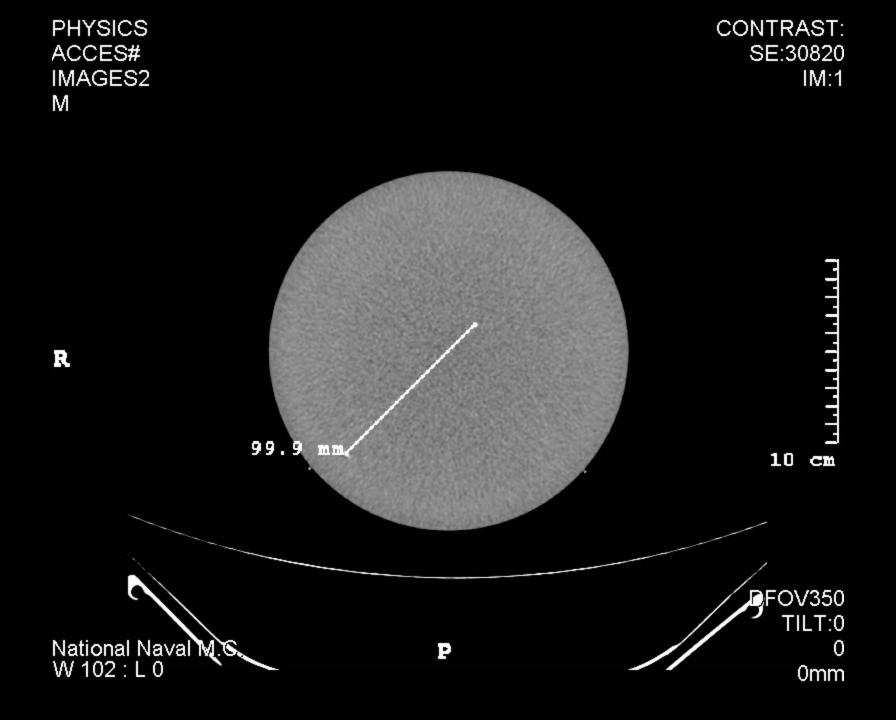
Uniformity, Noise, and In Plane Distance

- Record Mean CT numbers from all 5 ROIs
- Record Center ROI standard deviation
- Calculate the Uniformity value
 - ABS(Center Mean CT Edge Mean CT)
 - Difference should be < 5HU for all four edge ROIs
 - Center Mean CT number should be (-7 to +7)

Uniformity, Noise, and In Plane Distance

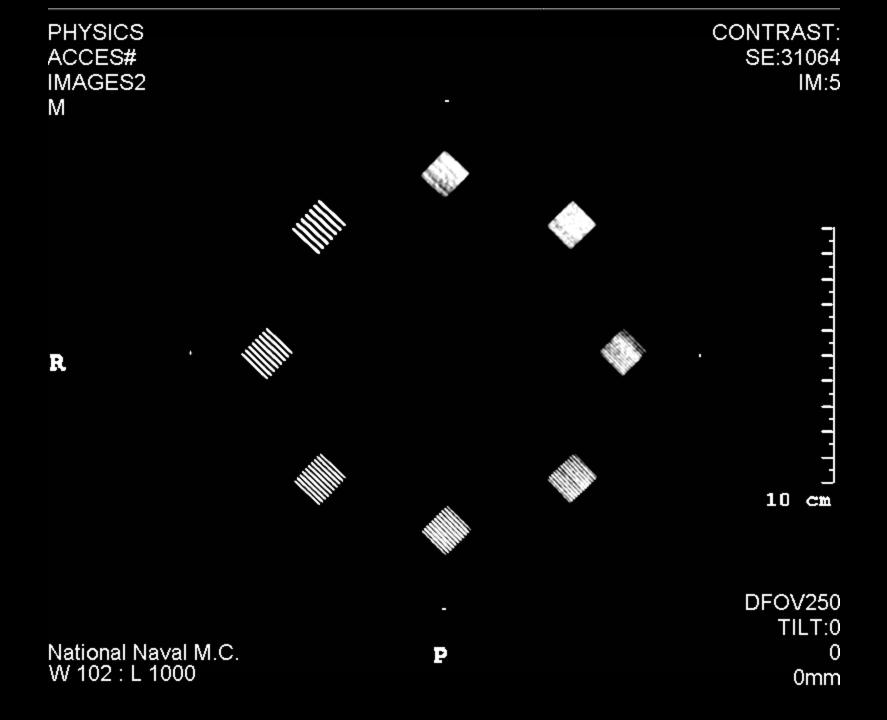
- Examine the image for artifacts such as rings or streaks
- Record the presences and appearance of artifact.
- Measure in plane distance
 - Two BBs at the center of module 3.
 - 100 mm





High Contrast Resolution

- Previously acquired adult abdomen image
 - WW = 100 WL = 1100
 - Values can be adjusted <u>slightly</u> to optimize the visualization of the bar patterns
- Record the highest spatial frequency visualized
 - 4, 5, 6, 7, 8, 9, 10, and 12 lp/cm
 - Adult Abdomen Protocol
 - The 5 lp/cm must be clearly resolved
- Repeat test using the HRC protocol
 - 6 lp/cm must be clearly resolved



CTDI Data

- 3 clinical protocols tested
 - Adult Head
 - Adult Abdomen
 - Pediatric Abdomen
- Axial scans must be used
 - kVp, mA, exposure time, N, and T must remain the same

CTDI Data

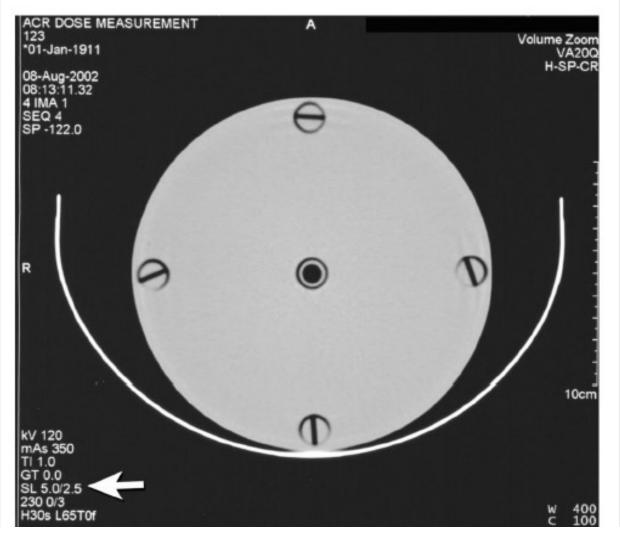
- CTDI Phantoms
 - 16 cm (Head and Peds Abdomen)
 - 32 cm (Adult Abdomen)
- Location
 - ABD protocols on table top
 - Head protocol in head holder
- Images
 - Non chamber holes must be filled
 - Phantom must be centered

CTDI Data

- Measurements
 - Average of 3 center measurements
 - 3 measurements must be within 5%
 - Average of 3 measurements at 12 o'clock position
 - 3 measurements must be within 5%
- CTDI Reference Values
 - Based on AAPM & ICRP Reports
 - No pass or fail criteria on dose

CTDI Phantom Image

Medical Physics, Vol. 31, No. 9, September 2004



McCollough et al.: Phantom portion of the ACR CT accreditation program

Dose Calculator Spreadsheet (Exposure)	CTAP ID Number	
Section 9 - Radiation Dosimetry (Adult Head)		
Use the TAB key to move between data entry cells in the column nar	med Measured	
CTDI Head Phantom (16-cm diameter PMMA Phantom)	Measured	Calculated
kVp	120	
mA	250	
Exposure time per rotation (s)	0.8	
Z axis collimation T (mm) ¹	5	
#data channels $used$ (N) ¹	4	
Axial (A): Table Increment (mm) $= (I)^1$		
OR		
Helical (H):Table Speed (mm/rot) $= (I)^1$	20	
Active Chamber length (mm)	100	
Chamber correction factor	1	
Center		
Measurement 1 (mR)	950	
Measurement 2 (mR)	955	
Measurement 3 (mR)	955	
Average of above 3 measurements (mR)		953.3
Head CTDI at isocenter in phantom (mGy)		41.5
12 o'clock position		
Measurement 1 (mR)	954	
Measurement 2 (mR)	954	
Measurement 3 (mR)	952	
Average of above 3 measurements (mR)		953.3
Head CTDI at 12 o'clock position in phantom (mGy)		41.5
OTTOL (C)		41.5
CTDIw (mGy)		41.5
Clinical exam dose estimates (using measured CTDIw and site's A		
CTDIvol (mGy)	=CTDIw*N*T/I	41.5
DLP (mGy-cm)	=CTDlvol*17.5	725.7 1.7
EffDose (mSv)	=DLP*0.0023	1./
¹ See definitions on page 3 of the Phantom Testing Instructions.		
S page 5 S. a.e Hallacill resulting instructions		
These spreadsheet pages MUST be printed and attached to the	e back of the Site Scanning	Data Form.
Make sure to include your CTAP ID number in the space above		,
PRIVELEGED and CONFIDENTIAL • PEER REVIEW		
R elease or disclosure of this document is prohibited in accordance with		
Code of Virginia 8.0158117		
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Reference Values

- CTDIw
 - Head
 - 60 mGy
 - Abdominal
 - 35 mGy
 - PedsAbdominal
 - 25 mGy

Common Operator Errors

Table III. Common operator errors.

Scans acquired using parameters that do not match those listed in Table I of the site scanning data form (kVp, mAs, scan width, detector configuration, reconstruction algorithm, scan and reconstruction FOV, etc.)

Incorrect detector configuration (values of N and T) listed in Table I

Incorrect calculation of pitch or table increment

Not submitting a SMPTE pattern or alternate video test pattern

Poor phantom alignment (central wire not centered in ramp, all 4 BBs not the same brightness)

Placing images in the wrong positions (boxes) on the films submitted to the ACR

Filming images with the wrong window width and window level settings

Wrong size or wrong position ROIs

Submitting images having obvious artifacts or other deficient results

Performing CTDI scans using the wrong detector configuration (values of N and T)

Not submitting the printed Excel "dose calculator" spreadsheet

Not noting the difference between mA, mAs, and effective mAs (=mAs/pitch) when completing the forms

Not displaying sufficient technical parameters on the printed films (all scan parameters must be shown)

Positioning ROIs such that the annotation covers important portions of the image

Using too small or too large a reconstruction FOV

References

- Computed Tomography (CT) Accreditation Program Phanotom Testing Criteria
- McCollough, et. al., "The Phantom Portion of the American College of Radiology (ACR) Computed Tomography (CT) accreditation program: Practical Tips, artifact examples, and pitfalls to avoid", Med. Physics, 31 (9), pp. 2423-2442, September 2004.
- Site Scanning Instructions for Use of the CT Phantom for the ACR Computed Tomography Accreditation Program

Questions?